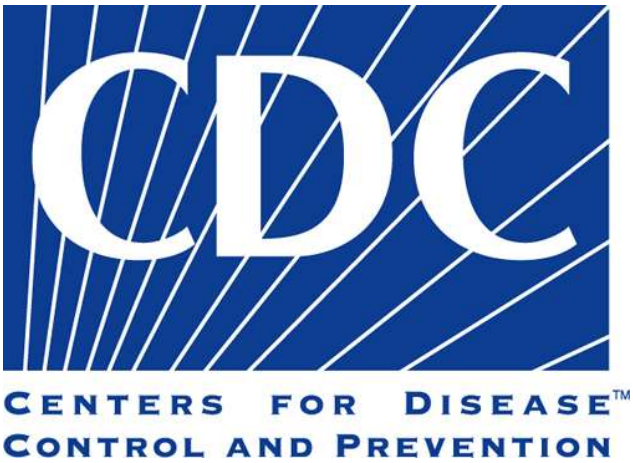


Centers for Disease Control and Prevention

NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

Enhancing National STD/HIV Prevention Efforts by Promoting Holistic, Comprehensive and Evidence-Informed, Health and Wellness Approaches through Strategic Partnerships

CDC-RFA-PS22-2204

04/19/2022

Table of Contents

A. Funding Opportunity Description 4
B. Award Information 20
C. Eligibility Information 21
D. Application and Submission Information 22
E. Review and Selection Process 34
F. Award Administration Information 37
G. Agency Contacts 44
H. Other Information 45
I. Glossary 46

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-PS22-2204. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Enhancing National STD/HIV Prevention Efforts by Promoting Holistic, Comprehensive and Evidence-Informed, Health and Wellness Approaches through Strategic Partnerships

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS22-2204

E. Assistance Listings Number:

93.978

F. Dates:

1. Due Date for Letter of Intent (LOI):
04/08/2022

2. Due Date for Applications:

04/19/2022

11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:

Informational webinar will be held on March 7, 2022 from 12:00 - 12:45 pm EST.

Join Zoom Meeting

One tap US: +16692545252,,1608164800#,,,,*48861078# or
mobile: +16468287666,,1608164800#,,,,*48861078#

Meeting URL: https://cdc.zoomgov.com/j/1608164800?pwd=eUNsUThUV3VYNDg2Z2czc0l1UGFTUT09&from=addon

Meeting ID: 160 816 4800

Passcode: mah!s0EK

Join by Telephone

For higher quality, dial a number based on your current location.

Dial:
US: +1 669 254 5252 or +1 646 828 7666 or +1 551 285 1373 or +1 669 216 1590

Meeting ID: 160 816 4800

Passcode: 48861078

International numbers

Join from an H.323/SIP room system

H.323: 161.199.138.10 (US West)
161.199.136.10 (US East)

Meeting ID: 160 816 4800

Passcode: 48861078

SIP: 1608164800@sip.zoomgov.com

Passcode: 48861078

Skype for Business (Lync)

https://cdc.zoomgov.com/skype/1608164800

G. Executive Summary:

1. Summary Paragraph

In the U.S., STI rates cause serious health and economic burdens. Currently, there are approximately 2.6 million new STI infections. As the nation's lead public health agency, the Centers for Disease Control and Prevention (CDC) has a unique responsibility to provide national leadership in the prevention and control of STIs and HIV. CDC continues to support activities aimed at accelerating STD/HIV prevention, to supplement and compliment traditional STI prevention efforts, through a comprehensive and integrated approach to STD/HIV prevention. This approach includes empowering individuals throughout the life span to make healthy choices and have healthy relationships as an approach to reducing STIs and HIV in the U.S. It also looks beyond the absence of disease and considers a whole person approach to includes the emotional, mental, and social well-being of individuals. An essential element of this approach to sexual health and STI prevention is to support a coalition of health and wellness expertise that allows for the strategic use of limited resources for STI prevention for information dissemination, partner engagement and promotion of quality health care that empowers individuals and communities to make choices that improve health and reduce STI risk. This NOFO includes coalition management; and the development, promotion and dissemination of health-related materials, resources, and tools to the public, health care providers, and decision makers.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

1

d. Total Period of Performance Funding:

$3,000,000

e. Average One Year Award Amount:

$600,000

f. Total Period of Performance Length:

5

g. Estimated Award Date:

August 01, 2022

h. Cost Sharing and / or Matching Requirements:

No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

In the U.S., STI rates cause serious health and economic burdens. Currently, there are approximately 2.6 million new STI infections, up from 1.9 million reported cases in 2014. Reported cases of chlamydia, gonorrhea, and syphilis have increased for the sixth consecutive year – reaching a new, all-time high. Congenital syphilis has increased 279% since 2015. Without testing and treatment, STIs can cause long term health consequences including infertility and increased risks for HIV.[1] STIs are increasing across many groups, but disparities persist among adolescents and young adults, men who have sex with men (MSM), and racial and ethnic minorities. These disparities exist for many reasons including conditions in the places where people live, learn, work, and play, also known as social determinants of health. These conditions can make it more difficult for people to stay sexually healthy and include such things as health care and education access and quality, social and community context, economic stability, and neighborhood and built environments.[2]

As the nation's lead public health agency, the Centers for Disease Control and Prevention (CDC), through its National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), has a unique responsibility to provide national leadership in the prevention and control of STDs and HIV. NCHHSTP and CDC have initiated a series of activities aimed at accelerating STD/HIV prevention by integrating the core public health elements of STD/HIV prevention into prevailing health and wellness frameworks in the U.S. A comprehensive health and wellness framework to STD/HIV prevention looks beyond just the absence of disease. Rather it takes into consideration a whole person approach which includes the emotional, mental and social well-being of individuals. Additionally, it takes into account the influence of these factors on one's ability to understand and weigh the risks, responsibilities, outcomes, and impacts of sexual actions, and the importance of positive, respectful, and healthy relationships. In 2021, the U.S. Department of Health and Human Services (HHS) released the inaugural STI National Strategic Plan for the U.S. (STI Plan). The STI Plan provides a road map to meaningfully prevent and control STIs in the US and recognizes that increasing awareness of, and expanding comprehensive prevention programs for STIs, and engaging health care providers, schools, families, and communities to prevent STIs and promote sexual health are critical activities for primary prevention of STIs.[3]

An essential element of taking a holistic approach to sexual health and STI prevention is to support a coalition of health and wellness expertise that allows for the strategic use of limited resources for STD/HIV prevention for information dissemination, partner engagement and promotion of quality health care that empowers individuals and communities to make choices that improve health and reduce STD/HIV risk.

1. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2019. Atlanta: U.S. Department of Health and Human Services; 2019.
2. CDC. About Social Determinants of Health (SDOH) (cdc.gov); 2021.
3. U.S. Department of Health and Human Services. 2020. Sexually Transmitted Infections

National Strategic Plan for the United States: 2021–2025. Washington, DC. Sexually Transmitted Infections (STI) National Strategic Plan: 2021-2025 (hhs.gov)

b. Statutory Authorities

This program is authorized under Sections 301 and 318(b) of the Public Health Service Act; 42 U.S.C. Sections 241 and 247c(b).

c. Healthy People 2030

Sexually Transmitted Infections - Healthy People 2030 | health.gov

d. Other National Public Health Priorities and Strategies

Sexually Transmitted Infections National Strategic Plan - PDF

Prevention and Control of Sexually Transmitted Infections in the United States | National Academies

CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention Strategic Plan https://www.cdc.gov/nchhstp/strategicpriorities/default.htm

e. Relevant Work

This NOFO continues the activities, priorities, and goals of two previous NOFOs:CDC-RFA-PS17-1708 & CDC-RFA-PS11-1112. The current National Coalition of Sexual Health website can be found here - National Coalition for Sexual Health

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-PS22-2204 Enhancing national STD/HIV prevention efforts by promoting holistic, comprehensive, and evidence-informed health and wellness approaches through strategic partnerships

Bolded outcomes to be measured within period of performance.

Strategies & Activities	Short-term outcomes	Medium- term outcomes	Long-term outcomes
Coalition Maintenance & Management • Maintain a Coalition for the promotion of sexual health and well-being • Strategically expand outreach to federal agencies, private sector companies and other organizations to advance the intersectionality of	• **Sustained retention of members** • **Increased engagement between Coalition and federal agencies supporting sexual health and well-being** • **Increased engagement**	**Increased visibility of the Coalition and Coalition resources among federal agencies, national organizations, and professional groups**	Relevant federal agencies, national organizations and professional groups have the resources to promote healthy, responsible, and respectful

Strategies & Activities	Short-term outcomes	Medium- term outcomes	Long-term outcomes
sexual health and racial equity • Coordinate promotion of sexual health and well-being strategies • Coordinate communication and promote Coalition among members and non-members	**between Coalition and organizations advancing racial health equity** • **Broad representation and engagement in Coalition activities by members** • **Increased integration of Coalition resources into member programs** • **High Coalition member satisfaction**		sexual behaviors and relationships Increase in healthy, responsible, and respectful sexual behaviors and relationships Health care providers have comprehensive culturally appropriate health and wellness framework for sexual health and well-being Implementation of policies that address sexual health care needs of all people
Communications • Monitor media output about sexual health • Identify media markets that focus on priority racial/ethnic groups • Cultivate targeted media and content partnerships and spokesperson network • Develop or refine resources for disproportionately affected populations	• **Increased use of Coalition as credible resource by wider range of organizations that reach disproportionately affected populations**	**Strategic media coverage of information and resources that support a comprehensive health and wellness framework for STD prevention**	
Healthcare Outreach • Develop culturally appropriate health care resources for providers • Promote and disseminate Coalition healthcare resources	• **Increased use of Coalition materials by provider organizations** • **Increased use of Coalition materials by providers who**	Increased awareness of comprehensive health and wellness frameworks for STD prevention among targeted providers	

Strategies & Activities	Short-term outcomes	Medium- term outcomes	Long-term outcomes
• Identify health centers/providers where STI burden is highest among priority racial/ethnic groups	**serve disproportionately affected populations**		
Decisionmaker Outreach • Support and expand on existing tools, materials, resources, and educational opportunities for decision makers through needs assessments • Promote and disseminate Coalition, or Coalition member, resources	• **Increased engagement with Coalition, or Coalition member, resources and materials by state and national decision makers**	Increased awareness among decision makers of policies and practices that promote holistic sexual health and well-being	

i. Purpose

This cooperative agreement is intended to support and expand on the existing efforts for a whole person, life span approach to STD/HIV prevention, which looks beyond just the absence of disease but takes into consideration the emotional, mental, and social well-being of individuals. A national coalition allows for the strategic use of limited resources for STD/HIV prevention for information dissemination, partner engagement, and promotion of quality health care.

ii. Outcomes

The Coalition is intended to galvanize communication and collaboration among organizations working towards similar comprehensive health and wellness goals to reduce STDs/HIV and promote sexual health as well as serve as a resource for non-members, including health care providers, and potentially decision makers. The expected short-term outcomes include a high-functioning Coalition and the use of Coalition resources by members and non-members.

Short term outcomes include:

- Coalition Maintenance and Management:
    - Sustained retention of members
    - Increased engagement between Coalition and federal agencies supporting sexual health and well-being
        - Recipient conducts outreach to federal agencies that support sexual health and well-being

        - Recipient facilitates meetings between the Coalition and relevant federal agencies
    - Increased engagement between Coalition and organizations advancing racial health equity
        - Recipient conducts outreach to organizations advancing racial health equity
        - Recipient facilitates meetings between the Coalition and organizations advancing racial health equity
    - Broad representation and engagement in Coalition activities by members
        - Recipient assesses current organization representation and engagement in the Coalition
        - Recipient identifies gaps in organizational representation
        - Recipient identifies gaps in organizational engagement
        - Recipient facilitates regular meetings to promote member engagement
    - Increased integration of Coalition resources into member programs
    - High Coalition member satisfaction
        - Recipient develops and disseminates survey or other means to measure satisfaction among Coalition members
    - Increased visibility of the Coalition and Coalition resources among federal agencies, national organizations, and professional groups
- Communications
    - Increased use of Coalition as credible resource by wider range of organizations that reach disproportionately affected populations
        - Recipient conducts proactive and reactive outreach to organizations and media outlets that reach disproportionately affected populations
        - Recipient cultivates partnerships with organizations and media outlets that reach disproportionately affected populations
    - Strategic media coverage of information and resources that support a comprehensive health and wellness framework for STD prevention
- Healthcare outreach
    - Increased use of Coalition materials by provider organizations
        - Recipient promotes and disseminates Coalition resources to organizations that consist of, represent, or work with health care providers
    - Increased use of Coalition materials by providers who serve disproportionately affected populations
        - Recipient identifies and promotes Coalition resources to providers and provider organizations who primarily serve disproportionately affected populations
- Decision maker Outreach

- Increased engagement with Coalition, or Coalition member, resources, and materials by state and national decision makers
    - Recipient conducts needs assessment to assess gaps in resources related to sexual health and well-being for decision makers
    - Recipient supports and expands on existing tools, materials, resources, and educational opportunities for decision makers

CDC expects to see evidence of some change to some of the project's intermediate outcomes, particularly those related to media coverage and visibility. These include:

- Increased visibility of the Coalition and Coalition resources among federal agencies, national organizations, and professional groups
- Strategic media coverage of information and resources that support a comprehensive health and wellness framework for STD prevention

The project should contribute to other intermediate and long-term outcomes, such as increased visibility of the Coalition and Coalition resources among federal agencies, national organizations, professional groups, and decision makers; changes in provider knowledge and awareness of comprehensive health and wellness frameworks for STD/HIV prevention; and an increase awareness among decision makers of existing resources and educational materials about the importance of holistic sexual health and well-being. These outcomes will not be assessed under this funding program.

iii. Strategies and Activities

Coalition maintenance and management through:

- Maintaining, supporting, and managing the existing National Coalition for Sexual Health
    - Maintaining and supporting a group of organizations and individuals who demonstrate a commitment to comprehensive health and wellness frameworks for STD/HIV prevention. Organizations and individuals should represent areas of health that address various sexual health related topics including, but not limited to, STD/HIV prevention, reproductive health, sexual violence, and healthy relationships
    - Ensuring diversity in key populations represented by Coalition members including, but not limited to, adolescents, racial/ethnic minorities, men who have sex with men, and health care providers
    - Assessing current membership to identify gaps in representation of organizations that support key populations and remove organizations that are no longer involved with or interested in the NCSH
    - Ensuring diversity in geography and national and local representation among Coalition members
    - Establishing a 5-year operational plan to define Coalition goals and objectives
    - Identifying, among Coalition members, and maintaining a steering committee to provide guidance, advice, and strategic oversight of the Coalition
    - Developing a plan for the transfer of all Coalition materials, websites, assets, etc. to a future recipient at the end of the NOFO period of performance

- Strategically expanding outreach to federal agencies, private sector companies and other organizations to advance the intersectionality of sexual health and racial equity
    - Conducting outreach to other federal agencies whose mission and activities include or impact sexual health

- Coordinating the promotion of sexual health and well-being strategies
    - Developing publications, materials or messages that can be used by various audiences (e.g., public, media, professional organizations) to raise awareness about and promote Coalition resources
    - Conducting activities to enhance the awareness of Coalition resources and how materials can be used to reduce STD/HIV risk

- Coordinating communication and promoting Coalition among members and non-members
    - Establishing and facilitating routine meetings (telephone, face-to-face, virtual, etc.) among Coalition members
    - Establishing and maintaining regular updates to members on Coalition activities and outcomes
    - Collecting metrics on participation in Coalition meetings by members
    - Coordinating the promotion of strategies and activities among Coalition members that support a comprehensive health and wellness framework for STD/HIV prevention

Communication activities include:

- Monitoring media output about sexual health
    - Collecting metrics on promotion or use of Coalition resources or materials by media, including social media
    - Collecting metrics on stories, articles, etc., related to the promotion of health and wellness frameworks for STD/HIV prevention by media, including social media

- Identifying media markets that focus on priority racial/ethnic groups
    - Identifying and conducting outreach to media venues focused on disproportionately affected audiences e.g., persons of color; sexual minorities; youth
    - Developing and cultivating relationships with media markets that serve or prioritize racial and ethnic groups for the inclusion and promotion of sexual health related content including Coalition resources and materials
    - Conducting proactive and reactive media outreach about comprehensive health and wellness frameworks for STD/HIV prevention

- Cultivating targeted media and content partnerships and spokesperson network
    - Developing and cultivating relationships with content developers and media contributors for the inclusion of STD/HIV related content and Coalition resources and materials into media stories, reports, articles, talking points, posts, etc.
    - Identifying and training Coalition members to serve as spokespersons for health promotion, information dissemination, and partner engagement for STD/HIV health-related topics and Coalition resources

- Collecting metrics on requests for and use of Coalition spokespersons by media

- Developing or refining resources for disproportionately affected populations
  - Developing or refining of existing resources, materials and tools, and messages to be used by and for disproportionately affected populations to raise awareness about and promote comprehensive health and wellness frameworks for STD/HIV prevention
  - Identifying and involving intended audiences in the development of resources, materials, tools, and messages

Health care outreach by:

- Developing culturally appropriate health care resources for providers
  - Identifying gaps in or needed resources by health care providers for the promotion or incorporation of sexual health information, services or resources into service provision or clinical practice
  - Developing health care resources for providers

- Promoting and disseminating Coalition healthcare resources
  - Collecting metrics on the promotion of Coalition resources to health care providers
  - Collecting feedback and use of Coalition materials/resources by health care providers
  - Conducting activities to enhance the awareness of Coalition resources and how materials can be used to improve STD/HIV related health outcomes

- Identifying health centers/providers where STI burden is highest among priority racial/ethnic groups
  - Identify and promote resources to health care providers who provide care to underserved or disproportionately affected audiences

Decision maker outreach by:

- Supporting and expanding existing efforts through the identification of needs, particularly in the form of tools, materials, resources, and educational opportunities for decision makers
- Developing educational materials and resources for decision makers that are suitable for use by Coalition members
  - Identify gaps in or needed resources by decision makers to raise awareness or educate about the impact of policies and practices on access to sexual health information or services
  - Development of tools, materials, resources for decision makers, as identified
  - Promotion and dissemination of Coalition materials to decision makers
  - Inclusion of diverse voices from various populations and types of organizations from the Coalition in message and material development
  - Inclusion of diverse voices from various populations and types of organizations from the Coalition in communicating needs and challenges to decision-makers

1. Collaborations

a. With other CDC projects and CDC-funded organizations:

Collaboration with other CDC programs, such as the Division of HIV Prevention, the Division of Adolescent and School Health and the Division of Reproductive Health, other relevant federal agencies (e.g., SAMHSA. HRSA, OPA, etc.) as well as with CDC-funded organizations are encouraged. These collaborations can help inform activity focus and direction, identify gaps or synergies, and help to extend the reach and impact of Coalition materials and efforts.

b. With organizations not funded by CDC:

The main focus of this award is to maintain and coordinate a Coalition of diverse members. The recipient will be expected to form or continue strategic partnerships and collaborations with organizations and individuals whose missions or activities address health topics that relate to STD/HIV prevention. Organizations and individuals should support evidence-based health and wellness frameworks for STD/HIV prevention and represent areas of health that address various STD/HIV related topics (e.g. healthy relationships, reproductive health, sexual violence) and key target populations (e.g. adolescents, health care providers). Collaborating organizations and individuals should also have state, local, and geographic representation. Collaborations can include non-government organizations; non-profit organizations; tribes and tribal organizations; schools and universities; other federal, state, or local government agencies; businesses; health care serving organizations such as clinics and hospitals; media; and individuals. Applicants are required to secure and submit a minimum of 3 letters of support from national or state organizations with evidence-based expertise as described above. Applicants must file the MOU, MOA or letters of support, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

2. Target Populations

Applicant activities should include or prioritize those populations who are disproportionately affected by STDs and HIV, including adolescents, men who have sex with men, and racial/ethnic minorities, and those who provide them with clinical services. Additionally, the applicant should also seek to include or prioritize underserved populations such as tribal organizations, people with disabilities, ESOL, and people with limited health literacy. The applicant should describe how they plan to address and include disproportionately affected and underserved populations. For additional information about disability inclusion, go to:
http://www.cdc.gov/ncbddd/disabilityandhealth/disability-inclusion.html

a. Health Disparities

This cooperative agreement seeks to reduce health disparities and improve social determinants of health by supporting a Coalition that will enhance existing national STD/HIV prevention efforts by promoting more comprehensive, and evidence-informed health and wellness approaches, which consider the disproportionate impact of STDs/HIV on certain populations and the interconnectedness of one's health with multiple social, cultural, and environmental factors.

CDC supports efforts to improve the health of populations disproportionately affected by HIV, Viral Hepatitis, sexually transmitted diseases (STDs) and TB by maximizing the health impact of public health services, reducing disease incidence, and advancing health equity.

A health disparity occurs when a health outcome is seen to a greater or lesser extent between populations. Health disparities in HIV, Viral Hepatitis, STDs, and TB are inextricably linked to a

complex blend of social determinants that influence which populations are most disproportionately affected by these infections and diseases.

Social determinants are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes (https://www.cdc.gov/socialdeterminants/index.htm). These include conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and social exclusion. Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic challenges. It requires:

- Continuous efforts focused on elimination of health disparities, including disparities in health and in the living and working conditions that influence health, and
- Continuous efforts to maintain a desired state of equity after health disparities are eliminated.

Recipients should use data, including social determinants data, to identify communities that are disproportionately affected by HIV, Viral Hepatitis, STDs and TB and related diseases and conditions, and plan activities to help eliminate health disparities. In collaboration with partners and appropriate sectors of the community, recipients should consider social determinants of health in the development, implementation, and evaluation of program specific efforts and use culturally appropriate interventions and strategies that are tailored for the communities for which they are intended.

iv. Funding Strategy

Not Applicable

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan (DMP) is not required for this NOFO. If, at any time during the period of performance, public health data is generated or collected, the receipient shall submit a DMP including the following information:

- *A description of the data to be collected or generated in the proposed project;*
- *The standards to be used for the collected or generated data;*
- *Mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights;*
- *Statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent, and*
- *Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified; and,*
- *Other additional requirements based on the program*

The evaluation of the strategies and activities of this NOFO include both process and outcome evaluation measures. Process evaluation is conducted to monitor activities during the implementation and operation of a program while an outcome evaluation examines the longer-term successes and accomplishments of a program. Both types of measures will be used to continuously improve program performance. Key evaluation measures are included below.

Applicants are encouraged to develop additional measures where applicable. Potential data sources will include technology-based metrics, progress reports (e.g., work plans, performance measures), surveys, and any additional sources that the applicant deems useful.

Coalition Maintenance and Management:

- Sustained retention of members
- Increased engagement between Coalition and federal agencies supporting sexual health and well-being
    - Recipient conducts outreach to federal agencies that support sexual health and well-being
    - Recipient facilitates meetings between the Coalition and relevant federal agencies
- Increased engagement between Coalition and organizations advancing racial health equity
    - Recipient conducts outreach to organizations advancing racial health equity
    - Recipient facilitates meetings between the Coalition and organizations advancing racial health equity
- Broad representation and engagement in Coalition activities by members
    - Recipient assesses current organization representation and engagement in the Coalition
    - Recipient identifies gaps in organizational representation
    - Recipient identifies gaps in organizational engagement
    - Recipient facilitates regular meetings to promote member engagement
- Increased integration of Coalition resources into member programs
- High Coalition member satisfaction
    - Recipient develops and disseminates survey or other means to measure satisfaction among Coalition members
- Increased visibility of the Coalition and Coalition resources among federal agencies, national organizations, and professional groups

Process measures:

- Number of membership and steering committee meetings held
- Number of individuals/organizations approached to join the Coalition broken out by type (e.g. CBO, federal agency, etc.), populations served, and topics of focus
- Number of messages, resources or tools developed for dissemination
- Written, 5-year plan

- Development and dissemination of survey or other means to measure satisfaction among Coalition members

Outcome measures:

- Number of members on annual membership lists
- Number and characteristics of members on annual membership lists
- Percentage of members attending virtual or in-person meetings
- Percentage of members providing written input into resources and materials when requested
- Percentage of members sharing Coalition resources/language, including where and when distributed, broken out by organization type (i.e., federal agencies and organization that advance racial health equity)
- Results of annual Coalition membership survey
- Number of times national organizations and professional groups seek information, resources, or technical assistance from the Coalition broken out by organization type (i.e., federal agencies and organization that advance racial health equity)
- Number of times national organizations and professional groups use Coalition information, resources, or technical assistance broken out by organization type (i.e., federal agencies and organization that advance racial health equity)
- Number of members that share or promote Coalition materials broken out by organization type (i.e., federal agencies and organization that advance racial health equity)
- Number of members that integrate materials into their efforts broken out by organization type (i.e., federal agencies and organization that advance racial health equity)

Communications:

- Increased use of Coalition as credible resource by wider range of organizations that reach disproportionately affected populations
    - Recipient conducts proactive and reactive outreach to organizations and media outlets that reach disproportionately affected populations
    - Recipient cultivates partnerships with organizations and media outlets that reach disproportionately affected populations
- Strategic media coverage of information and resources that support a comprehensive health and wellness framework for STD prevention

Process measures

- Number of messages/communication efforts, when and where they are promoted or disseminated
- Number of social media (e.g. facebook, twitter) posts
- Number of materials/resources/tools posted to the Coalition website
- Number of efforts conducted by organizations and media outlets that reach disproportionately affected populations

Outcome measures

- Number of times the Coalition is contacted by media organizations that reach disproportionately affected populations
- Other social media metrics (e.g., number of Facebook posts/shares/comments)
- Number of downloads of Coalition materials/resources
- Number of Coalition website hits
- Number of media organizations that use Coalition members as spokespersons or technical experts
- Number of times Coalition members serve as spokespersons

Healthcare outreach

- Increased use of Coalition materials by provider organizations
    - Recipient promotes and disseminates Coalition resources to organizations that consist of, represent, or work with health care providers
- Increased use of Coalition materials by providers who serve disproportionately affected populations
    - Recipient identifies and promotes Coalition resources to providers and provider organizations who primarily serve disproportionately affected populations

Process measures

- Number of times provider resources are promoted, when and where they are promoted
- Number of times provider resources are disseminated, when and where they are disseminated

Outcomes measures

- Number of downloads of provider materials and resources
- Number of provider organizations promoting Coalition materials/resources to their members
- Number of provider organizations integrating Coalition materials/resources into their websites, activities, or materials

Decision maker Outreach

- Increased engagement with Coalition, or Coalition member, resources, and materials by state and national decision makers
    - Recipient conducts needs assessment to assess gaps in resources related to sexual health and well-being for decision makers
    - Recipient supports and expands on existing tools, materials, resources, and educational opportunities for decisions makers

Process measures

- Assessment (e.g., environmental scan) of existing resources related to sexual health and well-bring for decision makers
- Number of times resources are promoted, when and where they are promoted
- Number of times resources are disseminated, when and where they are disseminated

Outcomes measures

- Number of downloads of materials and resources
- Number of decision makers using Coalition materials/resources
- Number of decision makers integrating Coalition materials/resources into their websites, activities, or materials

Proposed programs will adhere to all applicable rules and regulations for human participants in non-research projects. All applicants are responsible for adhering to all federal regulations relevant to information collection, including developing Information Collection Requests in according to the Paperwork Reduction Act.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.

- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants should have the ability and relevant experience to achieve the goals of the project. Applicants must describe and demonstrate organizational capacity with proposed staffing, organizational structure, staff experience and expertise to carry out all program activities, including partnership building, administrative support, project and financial management, program planning and evaluation, performance monitoring, collaboration, and coordination. The applicant should have a proven history of successfully gathering, coordinating, and sustaining an assembly of national organizations and individuals. Applicants should demonstrate and describe their experience supporting comprehensive health and wellness frameworks for STD/HIV prevention. Applicants should also demonstrate and describe their ability to discuss, describe, and support sensitive, and often highly stigmatized, health topics.

Applicants should:

- Provide a staffing plan and an organizational chart, including proposed staffing, with roles clearly stated. Applicants should name this file "Organizational Charts" and upload to www.grants.gov
- Provide curricula vitae (CV) for key staff and highlight their background and experience to indicate ability to carry out the purposes of the program. Applicants should name this file "CVs/Resumes" and upload to www.grants.gov
- Describe experience leading a national, high-functioning coalition
- Describe experience leading and engaging organizations with national reach
- Describe experience engaging and reaching individuals/groups that might not have national reach but who fill a specific gap
- Describe past and current experience that demonstrates the organization's leadership in the field of sexual health or STD/HIV prevention
- Describe past and current experience in the development, promotion and dissemination of health-related resources or communication products including health topics considered sensitive or stigmatized (e.g., sex, STDs, etc) for general public audiences including priority populations.
- Describe past and current experience working with media and social media
- Describe past and current experience working with health care providers and health care provider organizations including developing high quality, health-related materials and resources
- Describe experience working on health-related topics related to decision making including development of resources and materials for decision makers
- Describe ability to write, award, and manage contracts in accordance with applicable grants regulations
- Describe a financial management system that will allow for proper funds management and segregation of funds, preparation of reports by general and program-specific terms

and conditions, the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award, and that meets the requirements as stated in *in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards found at:* eCFR :: 45 CFR Part 75 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

d. Work Plan

The applicant should provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years.

A sample work plan format is presented below to show how a traditional work plan aligns with the logic model and narrative.

- *In this format,* ***the table would be completed for each period of performance outcome****. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.*

Period of Performance Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
6			

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.

- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

f. CDC Program Support to Recipients

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. The CDC program will provide technical assistance in the form of access to and input from subject matter experts; participation in committee and workgroup calls, provision of relevant and available literature, data, and information; and input into and review of Coalition materials.

B. Award Information

1. Funding Instrument Type:

CA (Cooperative Agreement)

CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:

H25

3. Fiscal Year:

2022

4. Approximate Total Fiscal Year Funding:

$600,000

5. Total Period of Performance Funding:

$3,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:

$3,000,000

6. Total Period of Performance Length:

5

year(s)

7. Expected Number of Awards:

1

8. Approximate Average Award:

$600,000
Per Budget Period

9. Award Ceiling:
$0
Per Budget Period

This amount is subject to the availability of funds.

The NOFO does not have an award ceiling.

10. Award Floor:
$0
Per Budget Period

11. Estimated Award Date:
August 01, 2022

12. Budget Period Length:
12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance
Direct Assistance (DA) is not available through this NOFO.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

State controlled institutions of higher education

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

This program is authorized under Sections 301 and 318(b) of the Public Health Service Act; 42 U.S.C. Sections 241 and 247c(b). Domestic institutions or organizations are eligible to apply. Foreign institutions are not eligible to apply. An individual is not eligible to apply for this cooperative agreement.

3. Justification for Less than Maximum Competition

NA

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

PLEASE NOTE: For applications due on or after April 4, 2022, applicants must have a unique entity identifier (UEI) at the time of application submission (SF-424, field 8c). In preparation for the federal government's April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), applicants must obtain a UEI. The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and grants.gov. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available on the GSA website, SAM.gov, and Grants.gov-Finding the UEI.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number to register in SAM.gov prior to April 4, 2022. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number and a Unique Entity Identifier (UEI). All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS) (Required	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit #	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/

	until April 4, 2022)	4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		webform) or call 1-866-705-5711
2	System for Award Management (SAM)	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed)

Number Of Days from Publication 45

04/08/2022

b. Application Deadline

Number Of Days from Publication 60

04/19/2022

11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call

Informational webinar will be held on March 7, 2022 from 12:00 - 12:45 pm EST.

Join Zoom Meeting

One tap US: +16692545252,,1608164800#,,,,*48861078# or
mobile: +16468287666,,1608164800#,,,,*48861078#

Meeting URL: https://cdc.zoomgov.com/j/1608164800?pwd=eUNsUThUV3VYNDg2Z2czc0l1UGFTUT09&from=addon

Meeting ID: 160 816 4800

Passcode: mah!s0EK

Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

US: +1 669 254 5252 or +1 646 828 7666 or +1 551 285 1373 or +1 669 216 1590

Meeting ID: 160 816 4800

Passcode: 48861078

International numbers

Join from an H.323/SIP room system

H.323: 161.199.138.10 (US West)
161.199.136.10 (US East)

Meeting ID: 160 816 4800

Passcode: 48861078

SIP: 1608164800@sip.zoomgov.com

Passcod48861078
e:

Skype for Business (Lync)

https://cdc.zoomgov.com/skype/1608164800

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective

are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

An LOI is requested, but not required.

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.
LOIs may be sent via email, U.S. express mail or delivery service to:
Rachel Kachur
CDC, NCHHSTP
12 Corporate Square, Room 2067
Mailstop 12-2
Atlanta, GA 30329
rkachur@cdc.gov
404-639-2387

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

Applicants are required to secure and submit a minimum of 3 letters of support from national or state organizations with evidence-based expertise as described above. Applicants must file the MOU, MOA or letters of support, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American

Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.

- Written procedures for financial reporting and monitoring.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

15. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

16. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additional-requirements/ar-25.html.

18. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a

"submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants

Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

i. Approach **Maximum Points:** 40

To what extent does the applicant demonstrate an understanding of the purpose of the cooperative agreement? 5 points
To what extent does the applicant propose best practices in Coalition building, management, and communication? 5 points
To what extent does the applicant describe goals and activities consistent with the project description and logic model? 5 points
To what extent does the applicant describe goals and activities that are achievable over the life of the NOFO? 5 points
To what extent does the applicant's proposed activities support comprehensive health and wellness frameworks for STD/HIV prevention? 5 points
To what extent did the applicant present a work plan that aligns with the activities, strategies, outcomes and performance measures as described in the NOFO? 5 points
To what extent does the applicant propose an efficient and effective use of funds to implement described goals and activities? 5 points
Does the applicant suggest any new, novel or creative ways of or ideas for implementing the required activities? 5 points

ii. Evaluation and Performance Measurement **Maximum Points:** 25

To what extent does the applicant show the ability to collect data on process and outcome performance measures specified by CDC in the project description and presented in the applicant's approach? 8 points
To what extent does the applicant have a realistic plan to monitor and evaluate the proposed goals and activities? 5 points
To what extent does the plan provide baseline measures or include a plan as to how they will obtain baseline measures? 5 points
To what extent does the applicant have a plan for using process and outcome data to improve the program and ensure long-term project success? 7 points

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 35

To what extent does the applicant demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes? 5 points
To what extent does the applicant demonstrate experience and capacity to implement the evaluation plan? 3 points
To what extent does the applicant provide a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles? 3 points
To what extent does the applicant demonstrate past experience leading and coordinating a national, high-functioning group of organizations and individuals? 5 points
To what extent does the applicant demonstrate positive and supportive collaborations with relevant organizations and individuals? 3 points
To what extent does the applicant have experience developing, promoting, and disseminating health-related resources and communication products about sensitive topics such as sex and STDs, for general public audiences including priority populations? 7 points
To what extent does the applicant demonstrate experience working with and developing high quality, health-related materials and resources for health care providers? 3 points
To what extent does the applicant demonstrate experience developing health-related materials and resources for decision makers? 3 points
To what extent does the applicant demonstrate communication experience with the media and social media spaces? 3 points

Budget **Maximum Points:** 0

Reviewed, but not scored.
Although the budget is not scored, the applicant should consider the following in the development of their budget:
Ensure the itemized CDC-RFA-PS22-2204 budget and justification is reasonable and aligns with the proposed work plan.

c. Phase III Review

Applications will be funded in order by score determined by the review panel.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal

award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Successful applicants will receive a Notice of Award (NoA) from the CDC Office of Financial Resources. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Office and emailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.
Unsuccessful applicants will receive notification by mail.
Anticipated award date is 08/01/2022

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at Additional Requirements | Grants | CDC

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC Project Officer.

Report	***When?***	***Required?***
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	*6 months into award*	*Yes*
Annual Performance Report (APR)	*No later than 120 days before end of budget period. Serves as yearly continuation application.*	*Yes*
Federal Financial Reporting Forms	*90 days after the end of the budget period.*	*Yes*
Final Performance and Financial Report	*90 days after end of project period.*	*Yes*
Payment Management System (PMS) Reporting	*Quarterly reports due January 30; April 30; July 30; and October 30.*	*Yes*

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.

- Recipients must describe success stories.

- **Challenges**
  - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
  - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.

- **CDC Program Support to Recipients**
  - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign

country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Rachel
Last Name:
Kachur
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
Mail stop US 12-2
12 Corporate Square Blvd
Atlanta, GA 30329

Telephone:
Email:
rlk4@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:

First Name:
Rhonda
Last Name:
Burton
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:

Centers for Disease Control and Prevention
2920 Brandywine Road, K69
Atlanta, GA 30341

Telephone:

Email:
bgr2@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Position descriptions

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Required Eligibility Supporting Documents
The following documents are required for eligibility. Applications missing any of the following documents will be considered non-responsive and will not advance to Phase II review.
The applicant must provide the following:

- A detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.
- A project abstract
- A Project Narrative. The Project Narrative must include all of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan.
- An itemized budget narrative
- A minimum of 3 letters of support from national or state organizations with evidence-based expertise as described in section titled "Organizational Capacity of Recipients to Implement the Approach" of the NOFO

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see .https://www.cdc.gov/grants/additional-requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is

used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention

will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant

aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Amendments
Statutory Authority language changed to "This program is authorized under Sections 301 and 318(b) of the Public Health Service Act; 42 U.S.C. Sections 241 and 247c(b)."

Grantor Contact information changed to Kachur, Rachel, rlk4@cdc.gov

Required eligibility supporting documents added to "Other Information" section - The following documents are required for eligibility. Applications missing any of the following documents will be considered non-responsive and will not advance to Phase II review.
The applicant must provide the following:

- A detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.
- A project abstract
- A Project Narrative. The Project Narrative must include all of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan.
- An itemized budget narrative
- A minimum of 3 letters of support from national or state organizations with evidence-based expertise as described in section titled "Organizational Capacity of Recipients to Implement the Approach" of the NOFO